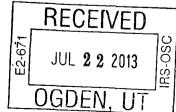
Political Organization Report of Contributions and Expenditures OMB No 1545-1696 (November 2002) Department of the Treasury ▶ See Seperate instructions. Internal Revenue Service and ending For the period beginning 20 Intial report Change of address Amended report Check applicable boxes Final report Name of organization Mailing address (PO Box or number, street, and room or suite number) 48840 @gmail-com 6a Name of contact person Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 1820 Hamilton Rd & G City or town, state, and ZIP code Type of report (check only one*box) Monthly report for the month of (due by the 20th day following the month shown above, except the First quarterly report (due by April 15) December report, which is due by January 31) **b** Second quarterly report (due by July 15) g Pre-election report (due by the 12th or 15th day before the election) (1) Type of election: c Third quarterly report (due by October 15) (2) Date of election (3) For the state of: Year-end report (due by January 31) h Post-general election report (due by the 30th day after general election) ☐ Mid-year report (Non-election (1) Date of election: year only-due by July 31) (2) For the state of. Total amount of reported contributions (total from all attached Schedules A). Total amount of reported expenditures (total from all attached Schedules B). Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Sign Here Form **8872** (11-2002) For Paperwork Reduction Act Notice, see separate instructions. Cat No 30406G

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Schedule A **Itemized Contributions** Schedule A page Employer identification number 46: 2480 450 Name of organization Contributor's name, mailing address and ZIP code Amount of contribution Contributor's occupation Date of contribution Aggregate contributions year-to-date . Contributor's name, mailing address and ZIP code Amount of contribution Name of contributor's employer Contributor's occupation Date of contribution . Aggregate contributions year-to-date Contributor's name, mailing address and ZiP code Name of contributor's employer Amount of contribution Contributor's occupation Date of contribution Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Amount of contribution Name of contributor's employer Contributor's occupation Date of contribution Aggregate contributions year-to-date . Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contribution Contributor's occupation Date of contribution Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contribution Contributor's occupation Date of contribution Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contribution Contributor's occupation Date of contribution Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contribution Contributor's occupation Date of contribution Aggregate contributions year-to-date Contributor's name, mailing address and ZIP code Name of contributor's employer Amount of contribution Contributor's occupation Date of contribution Aggregate contributions year-to-date Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872

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Form	872	(11	-200	2)

Schedule B Itemized Expenditures	Schedule B page of	
	uty of North America	Employer identification number 46 298 0 150
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		s
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Talpace of experience		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
	Treesperit 3 decapation	bate of experience
<u> </u>		
Purpose of expenditure		
December 200 and 710 and	None of recovery completes	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure	,	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
Troopion o harro, maining address and En State	Than a resignant a simple year	7 III Saint of Superianare
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
	Troopier o cocapation	Date of experience
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure	<u> </u>	
i dipose di experialitare		
	<u> </u>	
Subtotal of expenditures reported on this page only line 10 of Form 8872	y. Enter here and also include this amount in the to	otal on s